



Camelford Rural District
Council

Medical Officer of Health's
ANNUAL REPORT

1949.



To the Chairman and Councillors of the Rural District
of Camelford.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the
Health and Sanitary conditions of the District for the year 1949.

This is the first full year I have had as your Medical
Officer of Health. The problems of relating the health needs
of your District and the National Health Service Act are still
in the process of evolution and I am happy to report that
Clinic Services in the main centres of population, as
foreshadowed in last year's Annual Report, have now been
provided.

The general health of the population is satisfactory,
and I am pleased to report that the incidents of infectious
diseases this year are much less. One of the main problems
in your District is the provision of adequate housing. Despite
the Council's efforts, there are many people living under
deplorable conditions and many young married people are unable
to start a home of their own.

I wish to thank the members of the Council's staff
for their kind co-operation in the preparation of this Report,
and in particular your Sanitary Inspector and Surveyor, for the
efficient manner in which he carried out his duties and for
the detailed account of the work undertaken in connection with
the sanitary circumstances of the District.

I am, Ladies and Gentlemen,

Your obedient Servant,

L. RICH,

Medical Officer of Health.

M.B., Ch. B.

M.R.C.O.G., D.P.H.

Health Area Office,
Castle Green,
LAUNCESTON.

September, 1950.

SECTION A.

Social Conditions of Area and Statistics.

Summary of Vital Statistics

Area in Acres	52,544	(52,544)
Population	7,506	(7,457)
No. of separate dwellings occupied in 1949	2,434	
Rateable value in 1949	£42,476	(£42,558)
Product of 1d. rate	£174. 17. 4	(£172. 9. 8)

Live Births

	Total	Male	Female
Legitimate	109 (88)	54 (47)	55 (41)
Illegitimate	6 (6)	2 (3)	4 (3)
Birth rate per 1,000 of population	-	14.52	(12.60)
Birth rate for England and Wales	-	16.70	

Stillbirths

	Total	Male	Female
Legitimate	4 (2)	4 (1)	- (1)
Illegitimate	- (-)	- (-)	- (-)

Deaths of Infants under 1 year

	Total	Male	Female
Legitimate	2 (3)	1 (1)	1 (2)
Illegitimate	- (-)	- (-)	- (-)
Infant mortality rate	-	17.38	(31.9)

Deaths of all causes

	Total	Male	Female
	87 (94)	46 (46)	41 (48)
Death rate per 1,000 of the population	-	11.59	(12.60)
Death rate for England and Wales	-	11.70	

(figures in brackets are for the year 1948)

The registered causes of death were:-

Causes of Death		Male	Female	Total
1.	Typhoid and Paratyphoid fevers	- (-)	- (-)	- (-)
2.	Cerebro-spinal fever	- (-)	- (-)	- (-)
3.	Scarlet fever	- (-)	- (-)	- (-)
4.	Whooping Cough	- (-)	- (-)	- (-)
5.	Diphtheria	- (-)	- (-)	- (-)
6.	Tuberculosis - respiratory	2 (3)	- (1)	2 (4)
7.	Tuberculosis - other forms	- (1)	- (2)	- (3)
8.	Syphilitic diseases	- (-)	- (-)	- (-)
9.	Influenza	- (-)	1 (1)	1 (1)
10.	Measles	- (-)	- (-)	- (-)
11.	Acute Poliomyelitis: Polio Encephalitis	- (-)	- (-)	- (-)
12.	Acute Infectious Encephalitis	- (-)	- (-)	- (-)
13.	Cancer of Buccal cavity and oesophagus	- (1)	- (3)	- (4)
14.	Cancer of Stomach and Duodenum	2 (1)	2 (2)	4 (3)
15.	Cancer of Breast	- (-)	1 (2)	1 (2)
16.	Cancer of all other sites	2 (4)	4 (6)	6 (10)
17.	Diabetes	- (-)	- (-)	- (-)
18.	Intra cranial vascular lesions	3 (4)	8 (3)	11 (7)
19.	Heart disease	14 (15)	12 (14)	26 (29)
20.	Other diseases of circulation	4 (3)	- (3)	4 (6)
21.	Bronchitis	3 (3)	2 (-)	5 (3)
22.	Pneumonia	2 (1)	2 (3)	4 (4)
23.	Other respiratory diseases	1 (1)	- (-)	1 (1)
24.	Ulcer of Stomach or duodenum	- (-)	- (-)	- (-)
25.	Diarrhoea (under 2 years)	- (-)	- (-)	- (-)
26.	Appendicitis	- (-)	- (-)	- (-)
27.	Other digestive disorders	1 (-)	1 (1)	2 (1)
28.	Nephritis	1 (1)	1 (-)	2 (1)
29.	Puerperal and post abortive sepsis	- (-)	- (-)	- (-)
30.	Other maternal causes	- (-)	- (-)	- (-)
31.	Premature birth	- (-)	- (-)	- (-)
32.	Congenital malformation : birth injury: infantile disorders	1 (2)	1 (2)	2 (4)
33.	Suicide	- (-)	1 (-)	1 (-)
34.	Road traffic accidents	1 (1)	- (-)	1 (1)
35.	Other violent causes	- (2)	- (-)	- (2)
36.	All other causes	9 (3)	5 (5)	14 (8)

(figures in brackets are for 1948)

SECTION B.

General Provision of Health Services.

Laboratory Facilities

The Council has the free use of the Public Health Laboratory, Exeter, for the bacteriological analyses of water, milk, icecream, and food samples. In addition, examinations are carried out on swabs and specimens submitted to enable diagnosis of infectious diseases to be made.

From this Laboratory too, we now obtain material for immunisation and vaccination and stocks of Anti-sera are kept always immediately available at the Stratton Hospital.

Clinic Facilities

Infant Welfare Clinics

Regular monthly Infant Welfare Clinics are held in the Church Hall. These rooms are not satisfactory for the purpose, and it is recommended for future consideration that a Health Centre be constructed in Camelford at which not only these Clinics can be held but also a Dental Clinic. This Centre could also be used for comprehensive Health Education Scheme. The number of infant attendances below the age of 5 years seen at the Clinic during the year 1949 was 220. The main object of this Clinic is to apply the principles of Preventive Medicine and to carry out Health Education.

In addition to the regular Clinics several talking film demonstrations were given during the year and it is proposed to provide ourselves with our own Still Projector unit and build up a Library of appropriate film strips.

The subjects of these shows cover a variety of interesting and valuable aspects of Health Education such as Diphtheria immunisation, vaccination against Smallpox, Infant and Children's diets, correct posture, breast feeding, prevention of spread of respiratory diseases, the clean handling of food, the Ante-Natal care of the mother and a variety of similar valuable aspects.

It is difficult to assess the immediate or long term effect of this aspect of Preventive Medicine and I feel sure the effort must be made in order that a generation of children will be educated in the positive aspects of good health and so prevent many of the medical conditions arising which are costing the Nation at the present moment such an enormous sum of money.

Mothercraft Training

It is proposed in the future to commence monthly Mothercraft Training Clinics, whose object is to teach the mother the fundamentals of labour and adequate preparation for the newborn child. Such a Clinic has been established in Bude.



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Orthopaedic Clinic

A fortnightly Orthopaedic Clinic is held in Camelford by members of the staff of the Regional Hospital Board and the Orthopaedic Surgeon from Truro is available once a month.

Dental Clinic

It is with great regret that I have to report that we still have no regular School Dentist. The Senior School Dental Officer does, on occasion, come to Bude to deal with Orthodontic cases and such urgencies as are referred to him by me. There has been no regular inspection of school children for the past two years. Before the National Health Service Act, the Dental Service provided by the County Council did valuable work, not only in treatment but in prevention of dental defects. While it is possible for parents to take their children to the Dentist in general practice free of charge, and many parents do this, the greater proportion of children get no regular dental inspection. The future treatment of these neglected cases will, I feel sure, cost the country more than if we now provided a School Dentist at a realistic salary.

Ambulance Service

During the year, the County Council, who is the Ambulance Authority, instituted a County Call-out System. The main object of this was to have some means of co-ordinating the County Ambulance Service as a whole in order to run the Ambulance Service as economically as possible and to cope with the much increased demands for this type of transport. All that is now necessary for a Doctor to summon an Ambulance, is to lift up his receiver and call "Ambulance" giving details of his requirements. It is then our duty to provide the nearest available Ambulance in the shortest possible time and thus relieve the Doctor of finding an alternate Ambulance should the Camelford Ambulance be already in use.

Since the inception of the National Health Act in July, 1948 the work of the Ambulance Service in this area has doubled and, although no figures are available of what work the Ambulance did prior to July, 1948, it is quite safe to say that the work now done is at least three times as much. This is not the place to go into the reasons why this has occurred, but some are fairly obvious, such as the larger demands being made on the General Practitioners with the advent of a free Health Service. Despite the greatly increased volume of work, I am pleased to say that our Ambulance Service in Camelford has met all its commitments, and I have had several expressions of satisfaction from the General Practitioners on the courtesy, efficiency and speed with which all members of my staff are dealing with their cases.

Hospital Car Service

During the year the demands of this Service have been greatly increased and it has been found necessary to provide a special Utilicon Ambulance stationed in this area. Although this vehicle is primarily for the use of the sitting type of case, it can, in an emergency, be used as an Ambulance and this has increased our cover.

One of the main reasons for allocating this vehicle to the area by the County Council, was to reduce the ever increasing costs of this service and there is no doubt that a considerable saving has already been effected with no diminution of the efficiency of the Service. This vehicle is capable of carrying up to six patients to Hospital by arranging the duties in a suitable manner, whereas formerly several private cars would have been necessary to do the same work.

SECTION C.

Drainage and Sewerage

The Council's main sewerage schemes are now nearing completion. The main sewers in Tintagel, Boscastle, Delabole and St. Teath have been finished and it now remains for the disposal works to be completed. Many individual houses are now being connected up to the sewer in anticipation of the day when the new schemes will be fully in operation.

The Council is to be congratulated on having undertaken such large drainage and sewerage work. There is no doubt that the fundamental basis of good health is adequate sewerage and pure water, and this the Council has gone a long way to achieve.

Water Supply

Samples of all main water supplies were taken for bacteriological and chemical analysis. I am pleased to report that no sample was returned other than satisfactory. The samples taken were from Camelford, Boscastle and St. Breward which is the Council's water undertaking and also from the areas supplied by the North Cornwall Joint Water Board.

Since last year's report on the need for increased supplies at St. Breward, work is now in hand for improvement to mains and enlarging the supplies.

SECTION D.

Housing

During the year 1949, 17 Council Houses were completed with another 25 houses well under construction. The total number of post-war Council Houses constructed is 55. In addition, 5 private enterprise houses have been completed since the war, and a further 10 are under construction.

The progress in the provision of new houses is much too slow, and is not related to the demand and the need. As pointed out in last year's report, the District has a large number of very insanitary houses, and the only way to improve the situation is to increase the number and rate of building and to close and demolish houses definitely unfit for human habitation.

Nuisances and Defects

No. of nuisances detected	-	61
No. of registered notices served	-	5
No. of informal notices served	-	30

The remainder dealt with by verbal notice.

SECTION E.

Inspection of Food.

Inspection of Food and Milk Supplies

During the year the new Milk and Dairies Regulations 1949 came into operation. All shops and dairies which were formerly under control of the Council have now passed to the Ministry of Agriculture and Fisheries. All that the Council is now responsible for is for registration of retail and distribution of milk. I believe this to be a retrograde step because it is doubtful whether the farms now get the regular and detailed inspections which they used to get, nor do we get any information or reports of any inspections carried out.

Unsound Food

The amount of food condemned during 1949 is as follows:-

<u>Quantity of food inspected</u>	<u>Reason why unfit</u>
7 lb cheese	Decomposed
37 lbs flour	Hard and out of condition
1 16oz tin stewed steak	Tin blown
9 tins milk	Tins blown
14 lbs vermicelli	Out of condition
1 4 lb tin Australian beef	Tin blown

8 tins veal and ham	Tins blown and leaking
3 tins minced beef loaf	Tins blown and damaged
5 tins peas	Tins blown and damaged
15 tins milk	Tins blown and damaged
80 doz. tins barley pudding mixture	Out of condition
45 lbs sausages	Out of condition
34 lbs beef	Out of condition
18 lbs beef	Out of condition
15 lbs sausages	Out of condition
2 cwt bacon	Out of condition
4 tins milk	Tins blown
3 tins veal loaf	Tins blown
6 tins potted meat	Tins blown
1 tin pork brawn	Tin blown
3 tins peas	Tins blown
1 tin peach jam	Tin blown
4 tins peach jam	Tins blown and leaking

Food Hygiene

Hotels and cafe kitchens in the District were regularly inspected and the improvements effected were necessary.

Ice Cream

There are three manufacturers of Ice Cream and ten retailers.

All premises are regularly inspected and samples taken. On the whole the results are satisfactory.

Clean Food Campaign

Your Council has adopted the Model Bye-laws for the protection and handling of food. Although these Bye-laws are a valuable step in the right direction, much more remains to be done before the Public can be adequately protected against Food Poisoning Organisms. Every effort is made when visiting Hotels, Cafes and Restaurants to impress on the proprietors the importance of the clean handling of food consumed by their customers.

Although Food Poisoning is a notifiable disease, only occasional cases are notified. There is evidence, however, of the wide-spread prevalence of mild and even more serious attacks of diarrhoea and vomiting which go unrecorded. In the last resort, the success of any Clean Food Campaign depends on the intelligent co-operation of the food handlers and every effort is made to get this co-operation. I am glad to report that the general response is good.

SECTION F.

Prevalence and Control of Infectious and other Diseases.

For the purpose of comparison, the prevalence of infectious diseases in the adjoining District of which I am also Medical Officer of Health, is given:-

Authority	Measles	Whooping Cough	Pneumonia	Erysipelas	Scarlet fever	Acute anterior Poliomyelitis	Acute Polioencephalitis	Puerperal fever	Total
Camelford Rural District	19	103	14	2	14	1	-	-	153
Bude-Stratton Urban District	2	-	1	-	1	2	-	-	6
Stratton Rural District	-	10	-	-	-	3	-	-	13
Launceston Rural District	42	27	2	3	5	1	-	1	81
Launceston Borough	4	33	1	-	2	1	+	-	42
Total	67	173	18	5	22	8	1	1	295

It would now seem that each Summer and Autumn will be characterised by the prevalence of Poliomyelitis. The first considerable outbreak in this County occurred in the year 1947. Prior to this date only sporadic cases used to occur and it is difficult to explain why in this country the disease has reached minor epidemic proportions.

It must be emphasised that in relation to the incidence of infectious disease in the country as a whole, the number of cases of Poliomyelitis is at the present relatively small, and whilst no attempt is being made to mitigate the seriousness of this disease, the amount of publicity which it receives by the Press and over the wireless, does tend to exaggerate the position in the minds of the general public.

Poliomyelitis is a disease of all ages and is particularly difficult to control. Several virus are responsible for different types of the disease and evidence has accumulated which shows that in addition to actual known cases, it may be spread either by healthy carriers or persons suffering from mild undetected forms of the disease. This may occur either by droplet infection inating food, milk and water. There is a further possibility that flies coming into contact with the excretal products of such people may also spread the disease. We are further hampered by the fact that there is no rapid laboratory method of diagnosing the condition similar to the throat swab in Diphtheria. Thus it is not possible easily to detect carriers or very mild cases who are as equally infectious as the unfortunate individual who develops extensive paralysis.

The steps taken on the occurrence of a case consist of keeping the General Practitioners, Nurses and all others concerned, fully informed. The schools are notified and general instructions given. Suspects and doubtful cases are referred to me and where necessary contacts of all cases are kept under strict surveillance until it is obvious that they are not going to develop the disease.

Tuberculosis

It is rather a disturbing fact as pointed out by our County Medical Officer of Health, Dr. R.N. Curnew, that Tuberculosis each year kills well over 100 patients in Cornwall. It is rather an ironic situation when this disease is compared with Infantile Paralysis, which as pointed out previously, costs so much a year.

During the year 1949 there was an epidemic of Poliomyelitis in the County which was responsible for 8 deaths and whereas at the moment very little can be done in the way of prevention of Infantile Paralysis, it is possible, in fact it is almost certain, that Tuberculosis can be stamped out. 400 people every week die of Tuberculosis in this Country, and although the incidence of the disease has been falling steadily for a considerable period, we now have evidence that it is again on the increase, particularly in Scotland and the North of England. The key to the problem of the eradication of Tuberculosis is adequate housing and good living conditions supported by a sufficient number of available Sanatorium beds, so that cases or suspected persons may be quickly isolated and treated. In addition, contacts must be regularly supervised over a long period.

The institution of mass-radiography of large sections of the population would do much to detect the unsuspected and early case, not only to the benefit of that particular individual but also in the prevention of other cases occurring.

A scheme is about to start in Cornwall to treat contacts of the cases of Tuberculosis who have not yet developed the disease themselves, with B.C.G. vaccine. This is a modified form of the tuberculous organism which is harmless itself but when injected is capable of enabling the individual to resist the disease.

It is by measures such as these, together with the adequate housing of cases returned cured from Sanatoria, that this "White Plague" can and should be eradicated. A very high priority for housing must be given to tuberculous cases by the Council if the scheme is to succeed.

Diphtheria Immunisation and Vaccination

During the year 1949, the number of Diphtheria immunisations was 122 and vaccinations 56.

I am pleased to report that during the year no cases of Diphtheria occurred in this District.

It is interesting to note that 10 years ago, Diphtheria was responsible for 42 deaths in the County, whereas this year there have been no deaths.

